Texas Ethics Comm	ission PO Box 1207	70 Austin Texas 78711-2070	(512) 463-5800 1-800-325-8506
PERSON	IAL FINANCIAI	L STATEMENT	FORM PFS COVER SHEET
For filings req		rnment Code Chapter 572 ndar year ending December 31 2003 UIDE when completing this form	Account # 20990
1 NAME	TITLE FIRST MI ROYCE NICKNAME LAST SUFFIX West		OFFICE USE ONLY  Date Received  HAND DELIVERED  RECEIVED
2 ADDRESS	ADDRESS / PO BOX APT / SUITE # C 320 S R L Thornton Freev Suite 300 Dallas TX 75203		FEB 1 1 2004  Tennes Ethics Commission  Recemt #
3 TELEPHONE NUMBER	AREA CODE PHONE N	NUMBER EXTENSION	Date Processed PROCESSED FEB 1 2 2004
FOR FILING STATEMENT	☑ ELECTED OFFICERM  ☑ APPOINTED OFFICER  ☐ EXECUTIVE HEAD  ☐ FORMER OR RETIRED JU	cas State Senate District 23	(INDICATE AGENCY)  (INDICATE AGENCY)
dependent childre	n if the filer had actual control over A CHILD 12	reporting (filer must report information about it that activity)	
In Parts 1 through required to disclos over that person s	e not only your own financial a	ancial activity during the preceding calend activity but also that of your spouse or a	lar year in Parts 1 through 10 you are dependent child if you had actual control

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

SOURCES OF OCCUPATIONAL INCOME PART 1A			
	a dependent child's activity indicate the child about whom you are reporting by the child is listed on the Cover Sheet		
1 INFORMATION RELATES TO	FILER SPOUSE DEPENDENT CHILD		
EMPLOYMENT  EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD  West & Gooden P C 320 S R L Thornton Freeway Suite 300 Dailas TX 75203		
SELF EMPLOYED	NATURE OF OCCUPATION Attorney		
INFORMATION RELATES TO	FILER SPOUSE DEPENDENT CHILD		
EMPLOYMENT  EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD  State of Texas State Capitol 1400 Congress Avenue Room 1E 15 Austin TX 78701		
SELF EMPLOYED	NATURE OF OCCUPATION State Senator		
INFORMATION RELATES TO	FILER SPOUSE DEPENDENT CHILD		
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD		
EMPLOYED BY ANOTHER			
SELF EMPLOYED	NATURE OF OCCUPATION		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

RETAINERS	PART 1B
you your spouse or a dependent of than for services on a matter specification of the work actually performe information see FORM PFS- INST	ed as a retainer by you your spouse or a dependent child (or by a business in which child have a 'substantial interest') for a claim on future services in case of need rather fied at the time of contracting for or receiving the fee. Report information here only if the ed during the calendar year did not equal or exceed the value of the retainer. For more TRUCTION GUIDE
FEE RECEIVED FROM	Name and address  Not Applicable
FEE RECEIVED BY	FILER OR FILER S BUSINESS  SPOUSE OR SPOUSE S BUSINESS  DEPENDENT CHILD OR CHILD S BUSINESS
FEE AMOUNT	LESS THAN \$5 000 \$5 000-\$9 999 \$10 000-\$24 999 \$25 000OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	PILER OR FILER S BUSINESS  SPOUSE OR SPOUSE S BUSINESS  DEPENDENT CHILD OR CHILD S BUSINESS
FEE AMOUNT	LESS THAN \$5 000 \$5 000-\$9 999 \$10 000-\$24 999 \$25 000-OR MORE
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY

#### STOCK

PART 2

List each business entity in which you your spouse or a dependent child held or acquired stock during the ca and indicate the category of the number of shares held or acquired. If some or all of the stock was sold also category of the amount of the net gain or loss realized from the sale. For more information, see FO INSTRUCTION GUIDE				sold also indicate the	
		dependent child's ac e child is listed on the (		child about whom	you are reporting by
<sup>1</sup> BUSINESS ENTIT	ſΥ	Southwest Airlines	N/	AME	
<sup>2</sup> STOCK HELD OR	ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHII	LD
3 NUMBER OF SHA	ARES	LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
		☐ 5 000 TO 9 999	☐ 10 000 OR MOR	ΙE	
4 IF SOLD	NET GAIN NET LOSS	☑ LESS THAN \$5 000	\$5 000-\$9 999	<b>\$10 000\$24 999</b>	\$25 000-OR MORE
BUSINESS ENTIT	ΓΥ			AMÉ	
CTOOK HELD OR	ACCUIDED DV	American Ford (Manag			
STOCK HELD OR		FILER	SPOUSE	DEPENDENT CHIL	
NUMBER OF SHA	ARES	LESS THAN 100	100 TO 499	☐ 500 TO 999	☐ 1 000 TO 4 999
IE OOL B		5 000 TO 9 999	☐ 10 000 OR MOR	<b>!E</b>	
IF SOLD	NET GAIN NET LOSS	LESS THAN \$5 000	<b>\$5 000-\$9 999</b>	<b>\$10 000\$24 999</b>	☐ \$25 000OR MORE
		ļ			
BUSINESS ENTIT	ΓY	3 * \$ * 1 * 0 * 0		AME	
		AXPVP Managed Fund	1	<u>.                                  </u>	
STOCK HELD OR	ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHIL	
	ACQUIRED BY	FILER LESS THAN 100	SPOUSE 100 TO 499	DEPENDENT CHIL	.D 1 000 TO 4 999
STOCK HELD OR NUMBER OF SHA	ACQUIRED BY	☐ FILER ☐ LESS THAN 100 ☐ 5 000 TO 9 999	SPOUSE 100 TO 499 10 000 OR MOR	DEPENDENT CHIL  500 TO 999	1 000 TO 4 999
STOCK HELD OR	ACQUIRED BY	FILER LESS THAN 100	SPOUSE 100 TO 499	DEPENDENT CHIL	
STOCK HELD OR NUMBER OF SHA	ACQUIRED BY ARES  NET GAIN NET LOSS	☐ FILER ☐ LESS THAN 100 ☐ 5 000 TO 9 999	SPOUSE  100 TO 499  10 000 OR MOR  \$5 000-\$9 999	DEPENDENT CHIL  500 TO 999	1 000 TO 4 999
STOCK HELD OR NUMBER OF SHA	ACQUIRED BY ARES  NET GAIN NET LOSS	☐ FILER ☐ LESS THAN 100 ☐ 5 000 TO 9 999 ☐ LESS THAN \$5 000	SPOUSE  100 TO 499  10 000 OR MOR  \$5 000-\$9 999	☐ DEPENDENT CHIL  500 TO 999  E  \$10 000\$24 999	☐ 1 000 TO 4 999 ☐ \$25 000—OR MORE
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTIT	ACQUIRED BY ARES  NET GAIN NET LOSS  Y ACQUIRED BY	FILER  LESS THAN 100  5 000 TO 9 999  LESS THAN \$5 000  AXPVP Cap Resources	SPOUSE  100 TO 499  10 000 OR MOR  \$5 000-\$9 999	DEPENDENT CHILE  500 TO 999  E  \$10 000\$24 999	☐ 1 000 TO 4 999 ☐ \$25 000—OR MORE
STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT  STOCK HELD OR	ACQUIRED BY ARES  NET GAIN NET LOSS  Y ACQUIRED BY	FILER  LESS THAN 100  5 000 TO 9 999  LESS THAN \$5 000  AXPVP Cap Resources	SPOUSE  100 TO 499  10 000 OR MOR  \$5 000-\$9 999  (Managed)  SPOUSE	DEPENDENT CHIL  500 TO 999  E  \$10 000\$24 999  ME  DEPENDENT CHIL	1 000 TO 4 999  \$25 000-OR MORE
STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT  STOCK HELD OR	ACQUIRED BY ARES  NET GAIN NET LOSS  Y ACQUIRED BY	FILER  LESS THAN 100  5 000 TO 9 999  LESS THAN \$5 000  AXPVP Cap Resources  FILER  LESS THAN 100	SPOUSE  100 TO 499  10 000 OR MOR  \$5 000-\$9 999  (Managed)  SPOUSE  100 TO 499	DEPENDENT CHIL  500 TO 999  510 000\$24 999  ME  DEPENDENT CHIL  500 TO 999	1 000 TO 4 999  \$25 000-OR MORE
STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT  STOCK HELD OR NUMBER OF SHA	ACQUIRED BY ARES  NET GAIN NET LOSS  Y ACQUIRED BY ARES  NET GAIN NET GAIN NET GAIN	FILER  LESS THAN 100  5 000 TO 9 999  LESS THAN \$5 000  AXPVP Cap Resources  FILER  LESS THAN 100  5 000 TO 9 999	SPOUSE  100 TO 499  10 000 OR MOR  \$5 000—\$9 999  (Managed)  SPOUSE  100 TO 499  10 000 OR MOR  \$5 000—\$9 999	DEPENDENT CHIL  500 TO 999  510 000\$24 999  ME  DEPENDENT CHIL  500 TO 999	1 000 TO 4 999  \$25 000-OR MORE  D  1 000 TO 4 999
STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT  STOCK HELD OR NUMBER OF SHA  IF SOLD	ACQUIRED BY ARES  NET GAIN NET LOSS TY ACQUIRED BY ARES NET GAIN NET LOSS TY	FILER LESS THAN 100 S 000 TO 9 999 LESS THAN \$5 000  AXPVP Cap Resources FILER LESS THAN 100 S 000 TO 9 999 LESS THAN \$5 000	SPOUSE  100 TO 499  10 000 OR MOR  \$5 000—\$9 999  (Managed)  SPOUSE  100 TO 499  10 000 OR MOR  \$5 000—\$9 999	DEPENDENT CHIL  500 TO 999  E  \$10 000\$24 999  ME  DEPENDENT CHIL  500 TO 999  E  \$10 000-\$24 999	☐ 1 000 TO 4 999  ☐ \$25 000—OR MORE  D ☐ 1 000 TO 4 999  ☐ \$25 000—OR MORE
STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT  STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT	ACQUIRED BY ARES  NET GAIN NET LOSS  ACQUIRED BY ARES  NET GAIN NET GAIN NET LOSS  Y ACQUIRED BY ARES ACQUIRED BY	FILER  LESS THAN 100  5 000 TO 9 999  LESS THAN \$5 000  AXPVP Cap Resources  FILER  LESS THAN 100  5 000 TO 9 999  LESS THAN \$5 000  Merill Lynch	SPOUSE  100 TO 499  10 000 OR MOR  \$5 000—\$9 999  (Managed)  SPOUSE  100 TO 499  10 000 OR MOR  \$5 000—\$9 999	DEPENDENT CHIL  500 TO 999  \$10 000\$24 999  DEPENDENT CHIL  500 TO 999  \$10 000-\$24 999	☐ 1 000 TO 4 999  ☐ \$25 000—OR MORE  D ☐ 1 000 TO 4 999  ☐ \$25 000—OR MORE
STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT  STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT  STOCK HELD OR	ACQUIRED BY ARES  NET GAIN NET LOSS  ACQUIRED BY ARES  NET GAIN NET GAIN NET LOSS  Y ACQUIRED BY ARES ACQUIRED BY	FILER  LESS THAN 100  5 000 TO 9 999  LESS THAN \$5 000  AXPVP Cap Resources  FILER  LESS THAN 100  5 000 TO 9 999  LESS THAN \$5 000  Merill Lynch  FILER	SPOUSE  100 TO 499  100 000 OR MOR  \$5 000—\$9 999  (Managed)  SPOUSE  100 TO 499  100 000 OR MOR  \$5 000—\$9 999	DEPENDENT CHIL  2 500 TO 999  E  \$10 000\$24 999  ME  DEPENDENT CHIL  500 TO 999  E  \$10 000-\$24 999  ME  DEPENDENT CHIL  500 TO 999	1 000 TO 4 999  \$25 000-OR MORE  1 000 TO 4 999  \$25 000-OR MORE
STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT  STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT  STOCK HELD OR	ACQUIRED BY ARES  NET GAIN NET LOSS  ACQUIRED BY ARES  NET GAIN NET GAIN NET LOSS  Y ACQUIRED BY ARES ACQUIRED BY	FILER  LESS THAN 100  S 000 TO 9 999  LESS THAN \$5 000  AXPVP Cap Resources  FILER  LESS THAN 100  5 000 TO 9 999  LESS THAN \$5 000  Merill Lynch  FILER  LESS THAN 100	SPOUSE  100 TO 499  10 000 OR MOR  \$5 000—\$9 999  (Managed)  SPOUSE  100 TO 499  10 000 OR MOR  \$5 000—\$9 999	DEPENDENT CHIL  2 500 TO 999  E  \$10 000\$24 999  ME  DEPENDENT CHIL  500 TO 999  E  \$10 000-\$24 999  ME  DEPENDENT CHIL  500 TO 999  E  DEPENDENT CHIL  500 TO 999	□ 1 000 TO 4 999 □ \$25 000—OR MORE □ 1 000 TO 4 999 □ \$25 000—OR MORE □ 1 000 TO 4 999 □ 1 000 TO 4 999

### BONDS, NOTES, AND OTHER COMMERCIAL PAPER

PART 3

List all bonds notes and other commercial paper held or acquired by you your spouse or a dependent child during the calendar year. If sold indicate the category of the amount of the net gain or loss realized from the sale. For more information see FORM PFS--INSTRUCTION GUIDE.

1 DESCRIPTION OF INSTRUMENT	Not Applicable		
<sup>2</sup> HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD
IF SOLD  NET GAIN  NET LOSS	□LESS THAN \$5 000	\$5 000-\$9 999	☐\$10 000 \$24 999 ☐\$25 000—OR MORE
DESCRIPTION OF INSTRUMENT			
HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD
IF SOLD  NET GAIN  NET LOSS	LESS THAN \$5 000	<b>\$5 000—\$9 999</b>	\$10 000-\$24 999 \$25 000-OR MORE
DESCRIPTION OF INSTRUMENT			
HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD
IF SOLD  NET GAIN  NET LOSS	LESS THAN \$5 000	<b>\$5 000-\$9 999</b>	\$10 000-\$24 999 \$25 000-OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

### 1-800 325-8506

#### INCOME FROM INTEREST, DIVIDENDS, **ROYALTIES, AND RENTS**

PART 4

List each source of income you your spouse or a dependent child received in excess of \$500 that was derived from interest dividends royalties and rents during the calendar year and indicate the category of the amount of the income For more information see FORM PFS--INSTRUCTION GUIDE

providing the number under willon		Cover Officer	
1		NAMÉ ANI	ADDRESS
SOURCE OF INCOME	Bank of America		
	PO Box 2518		
	Houston Texas		
	Interest Income		
2 RECEIVED BY			
RECEIVED BY	FILER	SPOUSE	DEPENDENT CHILD
	e ricer		
3			
<sup>3</sup> AMOUNT	<b>✓</b> \$500–\$4 999	<b>\$5 000-\$9 999</b>	\$10 000-\$24 999 \$25 000OR MORE
	[-] \$300-\$4 333		
		brade due	AARDEGO
SOURCE OF INCOME	Class Askersi	NAME AND	OADDRESS
	Gloria Ashford 7318 Oakmore Drive		
	Dallas TX 75249		
	Rental Income		
	Remai meome		
RECEIVED BY		_	_
	FILER	SPOUSE	DEPENDENT CHILD
AMOUNT			
74000147	\$500\$4 999	<b>\$</b> 5 000\$9 999	\$10 000\$24 999 \$25 000OR MORE
SOURCE OF INCOME	Kenneth Medlock	NAME AND	ADDRESS
	2611 Deep Hill Circle		
	Dallas TX 75233		
	Rental Income		İ
7.7.7.			, , , , , , , , , , , , , , , , , , ,
RECEIVED BY		_	
	<b>✓</b> FILER	SPOUSE	DEPENDENT CHILD
AMOUNT	_		
AWOON	\$500-\$4 999	<b>\$</b> 5 000\$9 999	☐ \$10 000–\$24 999 ☐ \$25 000–OR MORE
			100
COPY A	ND ATTACH ADDITION	ONAL PAGES AS	NECESSARY

# INCOME FROM INTEREST, DIVIDENDS, ROYALTIES, AND RENTS

PART 4

List each source of income you your spouse or a dependent child received *in excess of \$500* that was derived from interest dividends royalties and rents during the calendar year and indicate the category of the amount of the income For more information see FORM PFS--INSTRUCTION GUIDE

1 SOURCE OF INCOME	Dallas National Bank PO Box 223809 Dallas TX 75222	NAME ANT	D ADORESS
<sup>2</sup> RECEIVED BY	FILER	SPOUSE	DEPENDENT CHILD
3 AMOUNT	\$500-\$4 999	<b>\$</b> 5 000 <b>-\$</b> 9 999	\$10 000-\$24 999 \$25 000 -OR MORE
SOURCE OF INCOME		NAME AND	D ADDRESS
RECEIVED BY	FILER	SPOUSE	DEPENDENT CHILD
AMOUNT	<b>5500-\$4</b> 999	<b>\$5 000-\$9 999</b>	\$10 000-\$24 999 \$25 000 OR MORE
SOURCE OF INCOME		NAME AND	D ADDRESS
RECEIVED BY	FILER	SPOUSE	DEPENDENT CHILD
AMOUNT	<b>5500–\$4</b> 999	<b>\$5 000-\$9 999</b>	\$10 000-\$24 999
COPY A	ND ATTACH ADDITI	ONAL PAGES AS	NECESSARY

### **PERSONAL NOTES AND LEASE AGREEMENTS**

PO Box 12070

PART 5

Identify each guarantor of a loan and each person or financial institution to whom you your spouse or a dependent child had a total financial liability of more than \$1 000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information see FORM PFS--INSTRUCTION GUIDE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank of America (Credit Card)			
<sup>2</sup> LIABILITY OF	✓ FILER	SPOUSE	DEPENDENT C	CHILD
<sup>3</sup> GUARANTOR				
4 AMOUNT	<b>\$</b> 1 000\$4 999	<b>\$5 000-\$9 999</b>	\$10 000-\$24 999	\$25 000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Wells Fargo (Vehicle I	.ease)		
LIABILITY OF	FILER	SPOUSE	DEPENDENT C	HILD
GUARANTOR				
AMOUNT	<b>51 000–\$4 999</b>	<b>\$5 000—\$9 999</b>	<b>\$10 000—\$24 999</b>	<b>₽</b> \$25 000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Capitol One Bank (Cre	dit Card)		
LIABILITY OF	FILER	SPOUSE	DEPENDENT C	HILD
GUARANTOR				
AMOUNT	<b>\$</b> 1 000\$4 999	<b>\$5 000-\$9 999</b>	<b>\$10 000-\$24 999</b>	\$25 000-OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Texas Ethics Commission PO Box 12070 Austin Texas 78711-2070 (512) 463-5800 1 800-325-8506

### PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

Identify each guarantor of a loan and each person or financial institution to whom you your spouse or a dependent child had a total financial liability of more than \$1 000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability For more information see FORM PFS--INSTRUCTION GUIDE

When reporting information about a dependent child's activity indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet

providing the number under which the child is listed on the Cover Sheet				
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Citi Bank (Credit Card)			
<sup>2</sup> LIABILITY OF	<b>☑</b> FILER	SPOUSE	DEPENDÊNT C	:HILO
3 GUARANTOR				
4 AMOUNT	<b>\$1 000–\$4</b> 999	<b>\$</b> 5 000 <b>\$</b> 9 999	<b>\$</b> 10 000 <b>\$</b> 24 999	\$25 000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Wells Fargo (Mortgage	)	1, 1, 1	
LIABILITY OF	FILER	SPOUSE	DEPENDENT C	HILD
GUARANTOR				
AMOUNT	<b>51</b> 000 <b>–\$4</b> 999	<b>\$5 000-\$9 999</b>	<b>\$10 000-\$24 999</b>	<b>₽</b> \$25 000–OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Principal Mortgage			
LIABILITY OF	FILER	SPOUSE	DEPENDENT C	HILD
GUARANTOR				
AMOUNT	<b>\$1 000-\$4 999</b>	<b>\$</b> 5 000- <b>\$</b> 9 999	<b>\$10 000\$24 999</b>	<b>✓</b> \$25 000–OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

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### PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

Identify each guaranter of a loan and each person or financial institution to whom you your spouse or a dependent child had a total financial liability of more than \$1 000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information see FORM PFS--INSTRUCTION GUIDE

providing the number under which	tne cniia is iistea on the	Cover Sneet		
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Dallas National Bank (1	Note)		
<sup>2</sup> LIABILITY OF	<b>✓</b> FILER	SPOUSE	DEPENDENT C	CHILD
3 GUARANTOR				
4 AMOUNT	<b>\$1 000-\$4</b> 999	<b>\$</b> 5 000- <b>\$9 999</b>	\$10 000\$24 999	<b>☑</b> \$25 000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank One (Credit Card)	)		
LIABILITY OF	<b>☑</b> FILER	SPOUSE	DEPENDENT C	HILD
GUARANTOR				
AMOUNT	<b>\$1 000-\$4</b> 999	<b>\$5 000\$9 999</b>	<b>\$10 000\$24 999</b>	■\$25 000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF	FILER	SPOUSE	DEPENDENT C	HILD
GUARANTOR				
AMOUNT	<b>\$1 000—\$4 999</b>	<b>\$5 000-\$9 999</b>	<b>\$10 000-\$24 999</b>	\$25 000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

### **INTERESTS IN REAL PROPERTY**

PART 6A

(512) 463 5800

Describe all beneficial interests in real property held or acquired by you your spouse or a dependent child during the calendar year. If the interest was sold also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of beneficial interest and other specific directions for completing this section see FORM PFS -INSTRUCTION GUIDE.			
	a dependent child's activity indicate the child about whom you are reporting by the child is listed on the Cover Sheet		
1 HELD OR ACQUIRED BY	FILER SPOUSE DEPENDENT CHILD		
DESCRIPTION  LOTS  ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED  1 - Dallas County		
3 STREET ADDRESS	STREET ADDRESS INCLUDING CITY COUNTY AND STATE		
☐ NOT APPLICABLE	1305 Green Hills Court Duncanville, TX 75137		
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)			
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5 000 \$5 000-\$9 999 \$10 000-\$24 999 \$25 000-OR MORE		
HELD OR ACQUIRED BY	FILER SPOUSE DEPENDENT CHILD		
DESCRIPTION  LOTS  ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED  1 - Dallas County		
STREET ADDRESS	STREET ADDRESS INCLUDING CITY COUNTY AND STATE  9204 Cutleaf Dallas TX 75249		
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)			
IF SOLD  NET GAIN  NET LOSS	LESS THAN \$5 000 \$5 000\$9 999 \$10 000-\$24 999 \$25 000OR MORE		
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY		

### **INTERESTS IN REAL PROPERTY**

PART 6A

Describe all beneficial interests in real property held or acquired by you your spouse or a dependent child during the calendar year. If the interest was sold also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of beneficial interest, and other specific directions for completing this section, see FORM PFS-INSTRUCTION GUIDE.			
	a dependent child's activity indicate the child about whom you are reporting by the child is listed on the Cover Sheet		
1 HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD		
DESCRIPTION LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED  1- Dallas County		
3 STREET ADDRESS	STREET ADDRESS INCLUDING CITY COUNTY AND STATE		
NOT APPLICABLE	2204 Boll Street Dallas TX		
NAMES OF PERSONS RETAINING AN INTEREST	George Brice Hiers		
OSEVERED MINERAL INTEREST)			
F SOLD  NET GAIN  NET LOSS	LESS THAN \$5 000 \$5 000-\$9 999 \$10 000-\$24 999 \$25 000-OR MORE		
HELD OR ACQUIRED BY	FILER SPOUSE DEPENDENT CHILD		
TICED ON AUGUINED BY	V FILER		
DESCRIPTION  LOTS  ACRES	1 Dallas County		
STREET ADDRESS	7318 Oakmore Street Dallas TX 75249		
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)			
IF SOLD  NET GAIN  NET LOSS	LESS THAN \$5 000 \$5 000\$9 999 \$10 000-\$24 999 \$25 000OR MORE		
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY		

Texas Ethics Commission

### INTERESTS IN REAL PROPERTY

PART 6A

,				
Describe all beneficial interests in real property held or acquired by you your spouse or a dependent child during the calendar year. If the interest was sold also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of 'beneficial interest" and other specific directions for completing this section. see FORM PFS -INSTRUCTION GUIDE.				
When reporting information about providing the number under which			the child about whom you are reporting by	
1 HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD	
DESCRIPTION LOTS ACRES	1 Dallas County	NUMBER OF LOTS OR ACRES	AND NAME OF COUNTY WHERE LOCATED	
STREET ADDRESS  NOT APPLICABLE	511 Eads Dallas T		UDING CITY COUNTY AND STATE	
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)				
IF SOLD INET GAIN NET LOSS	LESS THAN \$5	000 🔲 \$5 000–\$9 9	99 S10 000-\$24 999 S25 000-OR MORE	
HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD	
DESCRIPTION LOTS ACRES	5 Dallas County	NUMBER OF LOTS OR ACRES	AND NAME OF COUNTY WHERE LOCATED	
STREET ADDRESS	1537 Pleasant Run I		UDING CITY COUNTY AND STATE	
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)				
IF SOLD  NET GAIN  NET LOSS	LESS THAN \$5	000	99 S10 000-\$24 999 S25 000-OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Texas Ethics Commission PO Box 12070 Austin Texas 78711 2070 (512) 463-5800 1-800-325-8506

### **INTERESTS IN BUSINESS ENTITIES**

PART 6B

Describe all beneficial interests in business entities held or acquired by you your spouse or a dependent child during the calendar year. If the interest was sold also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of beneficial interest, and other specific directions for completing this section, see FORM PFS-INSTRUCTION GUIDE.				
When reporting information about providing the number under which			child about whom you are reporting by	
HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHILD	
<sup>2</sup> DESCRIPTION	West & Gooden PC 320 S R L Thorntor Dallas TX 75203	ka Robinson West & C	DADDRESS Gooden	
IF SOLD  NET GAIN  NET LOSS	LESS THAN \$5 0	00 🔲 \$5 000\$9 999	\$10 000-\$24 999 \$25 000-OR MORE	
HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD	
DESCRIPTION	Reach Media, Inc 13760 Noel Dallas TX 75240	NAME AND	D ADDRESS	
IF SOLD  NET GAIN NET LOSS	LESS THAN \$5 0	00	☐ \$10 000\$24 999 ☐ \$25 000OR MORE	
HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD	
DESCRIPTION		NAME AND	DADDRESS	
IF SOLD  NET GAIN  NET LOSS	LESS THAN \$5 0	00 🏻 \$5 000\$9 999	\$10 000-\$24 999 \$25 000-OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

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GIFTS			PART 7	
and describe the gift Do not include lobbyist under Government Code Coperson related to the recipient with PFSINSTRUCTION GUIDE	le 1) expenditures r chapter 305 2) polition in the second degre a dependent child	equired to be reported cal contributions report e by consanguinity or s activity indicate the	to you your spouse or a dependent child by a person required to be registered as a ted as required by law or 3) gifts given by a affinity. For more information, see FORM e child about whom you are reporting by	
1 DONOR	Not Applicable	NAME AN	D ADDRESS	
	Not Applicable			
<sup>2</sup> RECIPIENT	FiLER	SPOUSE	DEPENDENT CHILD	
DESCRIPTION OF GIFT				
DONOR	NAME AND ADDRESS			
RECIPIENT	FILER	SPOUSE	DEPENDENT CHILD	
DESCRIPTION OF GIFT				
DONOR		NAME AN	D ADDRESS	
RECIPIENT	FILER	SPOUSE	DEPENDÊNT CHILD	
DESCRIPTION OF GIFT				
COPY A	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

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#### TRUST INCOME

PART 8

Identify each source of income received by you your spouse or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received more than \$500 in income if the identity of the asset is known. For more information, see FORM PFS--INSTRUCTION **GUIDE** 

ASSETS FROM WHICH OVER \$500 WAS RECEIVED  UNKNOWN  SOURCE  BENEFICIARY  FILER  SPOUSE  DEPENDENT CHILD  INCOME  LESS THAN \$5 000  \$5 000-\$9 999 \$10 000-\$24 999 \$25 000-OR MOR  ASSETS FROM WHICH OVER \$500 WAS RECEIVED UNKNOWN  SOURCE  BENEFICIARY  FILER SPOUSE DEPENDENT CHILD  NAME OF TRUST	1 000000	NAME OF TRUST			
BENEFICIARY   FILER   SPOUSE   DEPENDENT CHILD    3 INCOME   LESS THAN \$5 000   \$5 000-\$9 999   \$10 000-\$24 999   \$25 000-OR MOR  4 ASSETS FROM WHICH OVER \$500 WAS RECEIVED   UNKNOWN    SOURCE   SPOUSE   DEPENDENT CHILD    INCOME   LESS THAN \$5 000   \$5 000-\$9 999   \$10 000-\$24 999   \$25 000-OR MOR  ASSETS FROM WHICH OVER \$500 WAS RECEIVED   UNKNOWN    SOURCE   SPOUSE   DEPENDENT CHILD    INCOME   SESS THAN \$5 000   \$5 000-\$9 999   \$10 000-\$24 999   \$25 000-OR MOR  ASSETS FROM WHICH   CHESS THAN \$5 000   \$5 000-\$9 999   \$10 000-\$24 999   \$25 000-OR MOR  ASSETS FROM WHICH   OVER \$500 WAS RECEIVED   UNKNOWN	SOURCE	Not Applicable			
INCOME   LESS THAN \$5 000   \$5 000-\$9 999   \$10 000-\$24 999   \$25 000-OR MORE  ASSETS FROM WHICH OVER \$500 WAS RECEIVED   UNKNOWN   NAME OF TRUST    BENEFICIARY   FILER   SPOUSE   DEPENDENT CHILD    INCOME   LESS THAN \$5 000   \$5 000-\$9 999   \$10 000-\$24 999   \$25 000-OR MORE    ASSETS FROM WHICH OVER \$500 WAS RECEIVED   UNKNOWN    SOURCE   PILER   SPOUSE   DEPENDENT CHILD    INCOME   SPOUSE   DEPENDENT CHILD    INCOME   SPOUSE   DEPENDENT CHILD    INCOME   LESS THAN \$5 000   \$5 000-\$9 999   \$10 000-\$24 999   \$25 000-OR MORE    ASSETS FROM WHICH   SPOUSE   DEPENDENT CHILD    INCOME   LESS THAN \$5 000   \$5 000-\$9 999   \$10 000-\$24 999   \$25 000-OR MORE    ASSETS FROM WHICH   UNKNOWN   STOUCH ST	<sup>2</sup> BENEFICIARY	FILER	SPOUSE	DEPENDENT (	CHILD
ASSETS FROM WHICH OVER \$500 WAS RECEIVED  UNKNOWN  SOURCE  BENEFICIARY  FILER  SPOUSE  DEPENDENT CHILD  INCOME  LESS THAN \$5 000  \$5 000-\$9 999  \$10 000-\$24 999  \$25 000-OR MOR  ASSETS FROM WHICH OVER \$500 WAS RECEIVED  UNKNOWN  SOURCE  BENEFICIARY  FILER  SPOUSE  DEPENDENT CHILD  INCOME  LESS THAN \$5 000  \$5 000-\$9 999  \$10 000-\$24 999  \$25 000-OR MOR  ASSETS FROM WHICH UNKNOWN  SOURCE  ASSETS FROM WHICH UNKNOWN	1 *	LESS THAN \$5 000	<b>\$5 000—\$9 999</b>	\$10 000\$24 999	\$25 000-OR MORE
SOURCE  BENEFICIARY    FILER	ASSETS FROM WHICH				
BENEFICIARY   FILER   SPOUSE   DEPENDENT CHILD   SPOUSE   DEPENDENT CHILD   SPOUSE   DEPENDENT CHILD   SEASON OF TRUST   SPOUSE   SEASON OF TRUST   SPOUSE   DEPENDENT CHILD   SPOUSE   DEPENDENT CHILD   SPOUSE   SEASON OF TRUST   SPOUSE   DEPENDENT CHILD   SPOUSE   SEASON OF TRUST   SEASON O	UNKNOWN				
INCOME	SOURCE		NAME C	OF TRUST	
ASSETS FROM WHICH OVER \$500 WAS RECEIVED UNKNOWN  SOURCE  BENEFICIARY  FILER SPOUSE DEPENDENT CHILD  INCOME  LESS THAN \$5 000 \$5 000-\$9 999 \$10 000-\$24 999 \$25 000-OR MOR	BENEFICIARY	FILER	SPOUSE	DEPENDENT	CHILD
OVER \$500 WAS RECEIVED UNKNOWN  SOURCE  BENEFICIARY  FILER SPOUSE DEPENDENT CHILD  INCOME  LESS THAN \$5 000 \$5 000-\$9 999 \$10 000-\$24 999 \$25 000-OR MOR  ASSETS FROM WHICH OVER \$500 WAS RECEIVED UNKNOWN	INCOME	LESS THAN \$5 000	<b>\$5 000\$9 999</b>	\$10 000\$24 999	\$25 000-OR MORE
SOURCE  BENEFICIARY  FILER SPOUSE DEPENDENT CHILD  INCOME  LESS THAN \$5 000 \$5 000-\$9 999 \$10 000-\$24 999 \$25 000-OR MOR  ASSETS FROM WHICH OVER \$500 WAS RECEIVED UNKNOWN					
BENEFICIARY   FILER   SPOUSE   DEPENDENT CHILD   INCOME   LESS THAN \$5 000   \$5 000-\$9 999   \$10 000-\$24 999   \$25 000-OR MOR OVER \$500 WAS RECEIVED   UNKNOWN	☐ UNKNOWN				
INCOME	SOURCE	NAME OF TRUST			
ASSETS FROM WHICH OVER \$500 WAS RECEIVED  UNKNOWN	BENEFICIARY	FILER	SPOUSE	DEPENDENT C	CHILD
OVER \$500 WAS RECEIVED  UNKNOWN	INCOME	LESS THAN \$5 000	<b>\$5 000-\$9 999</b>	\$10 000\$24 999	\$25 000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY	UNKNOWN				
	COPY A	ND ATTACH ADDITION	NAL PAGES AS	NECESSARY	

### CORPORATE & PARTNERSHIP ASSETS

PART 9A

Describe all assets of each corporation or partnership in which you your spouse or a dependent child held acquired or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information see FORM PFS--INSTRUCTION GUIDE

1 CORPORATION OR PARTNERSHIP	Skyview Development Corp 320 S RI Thornton Freeway Dallas TX 75203		ADDRESS	
HELD ACQUIRED OR SOLD BY	FILER	SPOUSE	DEPENDENT	CHILD
3 ASSETS	DESCRIPTIO	N	LESS THAN \$5 000  LESS THAN \$5 000  LESS THAN \$5 000  \$10 000-\$24 999   \$5 000-\$9 999  \$25 000-OR MORE  \$5 000-\$9 999	
			S10 000-\$24 999 LESS THAN \$5 000 S10 000-\$24 999	\$25 000—OR MORE \$5 000—\$9 999 \$25 000—OR MORE
	COPY AND ATTACH ADD	JIIIONAL PAGES	AS NECESSARY	

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## CORPORATE & PARTNERSHIP LIABILITIES

PART 9B

Describe all liabilities of each corporation or partnership in which you your spouse or a dependent child held acquired or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the liabilities. For more information, see FORM PFS—INSTRUCTION GUIDE.

providing the number under which the child is listed on the Cover Sheet				
1 CORPORATION OR PARTNERSHIP	Not Applicable	NAME AND	ADDRESS	
HELD ACQUIRED OR SOLD BY	FILER	SPOUSE	DEPENDENT (	CHILD
3 LIABILITIES	DES	CRIPTION	CATE LESS THAN \$5 000 S10 000\$24 999	GORY \$5 000\$9 999 \$25 000OR MORE
			LESS THAN \$5 000	<b>\$5 000-\$9 999</b>
			\$10 000-\$24 999	\$25 000-OR MORE
			LESS THAN \$5 000	☐ \$5 000-\$9 999 ☐ \$25 000-OR MORE
			LESS THAN \$5 000	\$5 000-\$9 999 \$25 000-OR MORE
			LESS THAN \$5 000	\$5 000-\$9 999 \$25 000-OR MORE
			LESS THAN \$5 000	\$5 000-\$9 999 \$25 000-OR MORE
			LESS THAN \$5 000	
			LESS THAN \$5 000	\$5 000—\$9 999  \$25 000—OR MORE
	COPY AND ATTACH	ADDITIONAL PAGES		

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#### **BOARDS AND EXECUTIVE POSITIONS**

**PART 10** 

List all boards of directors of which you your spouse or a dependent child are a member and all executive positions you your spouse or a dependent child hold in corporations firms partnerships or proprietorships stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE When reporting information about a dependent child's activity indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet **ORGANIZATION** West & Gooden PC pka Robinson, West & Gooden <sup>2</sup> POSITION HELD President <sup>3</sup> POSITION HELD BY **✓** FILER SPOUSE DEPENDENT CHILD \_\_\_\_\_ **ORGANIZATION** Tom Joyner Foundation Inc POSITION HELD Secretary FILER SPOUSE POSITION HELD BY DEPENDENT CHILD ..... **ORGANIZATION** Reach Media Inc POSITION HELD Secretary POSITION HELD BY **✓** FILER SPOUSE DEPENDENT CHILD \_\_\_\_\_ **ORGANIZATION** POSITION HELD FILER SPOUSE POSITION HELD BY DEPENDENT CHILD \_\_\_\_\_

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SPOUSE

4

**ORGANIZATION** 

POSITION HELD

POSITION HELD BY

FILER

DEPENDENT CHILD \_\_\_\_\_

Texas Ethics Commission

### EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

**PART 11** 

Identify any person who provided you with necessary transportation meals or lodging as permitted under Penal Code section 36 07(b) in connection with a conference or similar event in which you rendered services such as addressing an audience or participating in a seminar that were more than perfunctory. Also provide the amount of the expenditures on transportation meals or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report or expenditures required to be reported by a lobbyist under the lobby law (Government Code Chapter 305). For more information, see FORM PFS--INSTRUCTION GUIDE.

1 PROVIDER	NAME AND ADDRESS  Not Applicable				
	Not Applicable				
<sup>2</sup> AMOUNT					
PROVIDER	NAME AND ADDRESS				
AMOUNT					
PROVIDER	NAME AND ADDRESS				
100					
AMOUNT					
PROVIDER	NAMÉ AND ADDRESS				
AMOUNT					
COPY A	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

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# INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

**PART 12** 

Identify each partnership joint venture or other business association other than a publicly-held corporation in which you and a person registered as a lobbyist under Government Code Chapter 305 both have an interest. For more information see FORM PFS--INSTRUCTION GUIDE

1 BUSINESS ENTITY	NAME AND ADDRESS  Not Applicable			
BUSINESS ENTITY	NAME AND ADDRESS			
BUSINESS ENTITY	NAME AND ADDRESS			
BOSINESS ENTITY				
	NAME AND ADDRESS			
BUSINESS ENTITY				
	NAME AND ADDRESS			
BUSINESS ENTITY	TOWN AND ADDRESS			
BUSINESS ENTITY	NAME AND ADDRESS			
BUSINESS ENTITY	NAME AND ADDRESS			
	,			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

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#### FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYER

PO Box 12070

PART 13

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under Government Code Chapter 305 or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided and indicate the category of the amount of each fee. For more information, see FORM PFS--INSTRUCTION GUIDE PERSON OR ENTITY FOR WHOM SERVICES Not Applicable WERE PROVIDED **FEE CATEGORY** LESS THAN \$5 000 \$5 000-\$9 999 \$10 000-\$24 999 \$25 000-OR MORE PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED FEE CATEGORY LESS THAN \$5 000 \$5 000-\$9 999 \$10 000-\$24 999 \$25 000-OR MORE PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED **FEE CATEGORY** LESS THAN \$5 000 \$5 000-\$9 999 \$10 000-\$24 999 \$25 000-OR MORE PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED **FEE CATEGORY** LESS THAN \$5 000 \$5 000-\$9 999 \$10 000-\$24 999 \$25 000-OR MORE PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED **FEE CATEGORY** LESS THAN \$5 000 \$5 000-\$9 999 \$10 000-\$24 999 \$25 000-OR MORE PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED **FEE CATEGORY** LESS THAN \$5 000 S \$5 000-\$9 999 \$10 000-\$24 999 \$25 000-OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

# REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

**PART 14** 

This section applies only to members of the Texas Legislature. A member of the Texas Legislature who represents a person for compensation before a state agency in the executive branch must provide the name of the agency the name of the person represented and the category of the amount of the fee received for the representation. For more information, see FORM PFS—INSTRUCTION GUIDE.

**Note** Beginning September 1 2003 legislators may not for compensation represent another person before a state agency in the executive branch. The prohibition does not apply if (1) the representation is pursuant to an attorney/client relationship in a criminal law matter. (2) the representation involves the filing of documents that involve only ministerial acts on the part of the agency or (3) the representation is in regard to a matter for which the legislator was hired before September 1 2003.

1 STATE AGENCY	Not Applicable			
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5 000 \$5 000-\$9 999 \$10 000-\$24 999 \$25 000OR MORE			
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5 000 \$5 000-\$9 999 \$10 000-\$24 999 \$25 000-OR MORE			
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5 000 \$5 000-\$9 999 \$10 000-\$24 999 \$25 000-OR MORE			
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5 000 \$5 000 \$9 999 \$10 000\$24 999 \$25 000-OR MORE			
COPY A	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

F.

### BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

**PART 15** 

Penal Code Section 36 10 provides that the gift prohibitions set out in Penal Code Section 36 08 do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under Government Code Chapter 572 or Election Code Title 15 if the benefit and the source of any benefit over \$50 in value are 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under Election Code Title 15, the benefit is reportable here. For more information see FORM PFS—INSTRUCTION GUIDE

1 SOURCE OF BENEFIT	NAME AND ADDRESS
	Not Applicable
<sup>2</sup> BENEFIT	
	NAME AND ADDRESS
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
SOUNCE OF BENEFIT	
BENEFIT	
	I PAGE ATTACK APPLICATION PAGE AS A STOCKED
	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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### PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear or affirm that my financial statement is true and correct and includes all information required to be reported by me under Chapter 572 Government Code

Signature of



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me-by the said	Royce West	this the	 day
of February 20 04 to certify which w	vitness my hand and seal of office		-

Signature of officer administering on

lasha L Williams

Title of officer administering oath